

ORIGINAL

EX PARTE OR LATE FILED

**BELLSOUTH**

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**Ben G. Almond**  
Vice President-  
Federal Regulatory

202 463-4112  
Fax 202 463-4198

July 17, 2000

Ms. Magalie Roman Salas  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW, Room TW-A325  
Washington, DC 20554

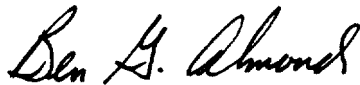
Re: Rule Changes For Upcoming C and F Block Auction  
WT Docket No. 97-82 Ex Parte

Dear Ms. Salas:

The attached documents represent the response from BellSouth Cellular Corporation ("BSCC") to the ex parte filed by Northcoast Communications on July 12, 2000, in the above-referenced docket.

If there are any questions concerning this matter, please contact the undersigned.

Sincerely,



Ben G. Almond  
Vice President-Federal Regulatory

Attachments

cc: Kathleen Ham

No. of Copies rec'd 012  
List A B C D E

BellSouth Cellular Corporation  
WT Docket No. 97-82  
July 17, 2000

In Northcoast's ex parte filing, it has alleged that BSCC has "warehoused" PCS licenses granted to it by the FCC. This is untrue. Northcoast has also alleged that licensees have been slow to convert analog channels to digital, apparently in an effort by those licensees to create the fiction that there is a shortage of spectrum.

First of all, with regard to the "warehousing" allegation, as BSCC showed in its 5-year "benchmark" filings on June 30, 2000, it has satisfied all of the construction requirements for provision of service to the public in connection with the two MTA licenses granted it in 1995 for provision of broadband Personal Communications Systems in the Knoxville, TN, MTA and the Charlotte-Greensboro-Greenville-Raleigh, MTA. Copies of these June 30 filings are attached hereto.

Second, of the 39 additional BTA PCS licenses granted BSCC in April 1997, BSCC is currently providing commercial service in 32 of the markets. Commercial service will be instituted in 5 additional BTAs by year-end. BSCC is evaluating its business plans for the remaining 2 BTAs; it is anticipated that commercial service will be offered in those BTAs well in advance of the 5-year build-out requirement of April 2002.

Thus, of the 41 PCS licenses granted to BSCC, by year-end 2000 it will have commercial service in 39 of the licensed MTAs/BTAs, representing 95% of the licensed markets, well in advance of the required build-out dates. This can hardly be deemed to constitute "warehousing" as alleged by Northcoast.

Insofar as Northcoast alleges that licensees have been slow to convert to digital, BSCC cannot speak for other carriers, but, with respect to BSCC, nothing could be further from the truth. Company-wide, approximately 50% of BSCC's in-service channels are digital. Currently, slightly in excess of 70% of the traffic on BSCC's system is digital. Given the efficiencies of digital versus analog service, the channel/traffic ratio shows, if anything, a disproportionate digital utilization and refutes the allegation by Northcoast.

|                                    |   |   |
|------------------------------------|---|---|
| <b>FCC 601</b><br><b>Main Form</b> | <b>FCC Application for Wireless<br/>Telecommunications Bureau<br/>Radio Service Authorization</b> | Approved by OMB<br>3060 - 0798<br>See instructions for<br>public burden estimate<br><br>Submitted 06/30/2000<br>at 05:20PM<br><br>File Number:<br><b>0000180501</b> |
|------------------------------------|---|---|

|   |                                  |
|---|----------------------------------|
| 1) Radio Service Code: <b>CW</b>  | 1a) Existing Radio Service Code: |
| 2) Application Purpose: <b>Required Notification</b>  |                                  |
| 3a) If this request is for a Developmental License, Demonstration License, or a Special Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter <b>N</b> (Not Applicable).  | <b>( ) D M S N/A</b>             |
| 3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.   | <b>( ) Yes No</b>                |
| 4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.  | File Number:                     |
| 5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.  | Call Sign:                       |
| 6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).   |                                  |
| 7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929) | <b>( ) Yes No</b>                |
| 8a) Does this filing request a Waiver of the Commission's Rules?<br>If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.   | <b>( ) Yes No</b>                |
| 8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.   |                                  |
| 8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, functionally integrated with an existing station?  | <b>( ) Yes No</b>                |
| 9) Are attachments being filed with this application?   | <b>( ) Yes No</b>                |

### Applicant Information

|   |                       |   |
|---|-----------------------|---|
| 10a) Taxpayer Identification Number: <b>L00000960</b>                                     | 10b) SGIN: <b>000</b> | 10c) FCC Registration Number (FRN):                               |
| 11) Licensee is a(n):   |                       |   |
| 12) First Name (if individual):   | MI:                   | Last Name: Suffix:  |
| 13) Entity Name (if other than individual): <b>BellSouth Personal Communications Inc.</b> |                       |   |
| 14) Name of Real Party in Interest of Applicant:  |                       |   |
| 15) Taxpayer Identification Number:   |                       |   |
| 16) Attention To:   |                       |   |
| 17) P.O. Box:   | And/Or                | 18) Street Address: <b>1100 Peachtree Street, N.E., Suite 809</b> |
| 19) City: <b>ATLANTA</b>  | 20) State: <b>GA</b>  | 21) Zip: <b>30309-4599</b>  |
| 22) Telephone Number:   |                       | 23) FAX:  |
| 24) E-Mail Address:   |                       |   |

### Contact Information (If different than applicant)

|                       |            |                     |          |
|-----------------------|------------|---------------------|----------|
| 25) First Name:       | MI:        | Last Name:          | Suffix:  |
| 26) Entity Name:      |            |                     |          |
| 27) P.O. Box:         | And/Or     | 28) Street Address: |          |
| 29) City:             | 30) State: | 31) Zip:            |          |
| 32) Telephone Number: |            |                     | 33) FAX: |
| 34) E-Mail Address:   |            |                     |          |

## Regulatory Status

|   |   |
|---|---|
| 35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply) | <input type="checkbox"/> Common Carrier<br><input type="checkbox"/> Non-Common Carrier<br><input type="checkbox"/> Private, internal communications<br><input type="checkbox"/> Broadcast Services<br><input type="checkbox"/> Band Manager |
|---|---|

## Type of Radio Service

|  |  |
|--|--|
| 36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply): | <input type="checkbox"/> Fixed<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Radiolocation<br><input type="checkbox"/> Satellite (sound)<br><input type="checkbox"/> Broadcast Services |
| 37) Interconnected Service? ( ) Yes No   |  |

## Fee Status

|  |              |
|--|--------------|
| 38) Is the Applicant exempt from FCC application fees? | ( N ) Yes No |
| 39) Is the Applicant exempt from FCC regulatory fees?  | ( N ) Yes No |

## Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

|   |   |
|---|---|
| 40) Is the applicant a foreign government or the representative of any foreign government?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 41) Is the applicant an alien or the representative of an alien?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 42) Is the applicant a corporation organized under the laws of any foreign government?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

|   |   |
|---|---|
| 45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## 49) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

|                   |                                   |                         |                            |  |        |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| <b>Race:</b>      | American Indian or Alaska Native: | Asian:                  | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| <b>Ethnicity:</b> | Hispanic or Latino:               | Not Hispanic or Latino: |                            |  |        |
| <b>Gender:</b>    | Female:                           | Male:                   |                            |  |        |

## General Certification Statements

|   |
|---|
| 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.   |
| 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*<br>*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.  |
| 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.   |
| 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification. |
| 5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.  |

## Signature

|  |  |
|--|--|
| 50) Typed or Printed Name of Party Authorized to Sign  |  |
| First Name: <b>C. Claiborne</b>  | MI: Last Name: <b>Barksdale</b> Suffix: <b>Esq</b> |
| 51) Title: <b>Assistant Secretary</b>  |  |
| Signature: <b>C. Claiborne Barksdale Esq</b>   | 52) Date: <b>06/30/00</b>                          |
| Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid  |  |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503). |  |

|                               |  |  |
|-------------------------------|--|--|
| <b>FCC 601<br/>Schedule K</b> | <b>Schedule for<br/>Required Notifications for Wireless Services</b> | Approved by OMB<br>3060 - 0798<br>See instructions for<br>public burden estimate |
|-------------------------------|--|--|

## Purpose

|   |
|---|
| The purpose of this submission: <b>1</b> (See Sections 1,2 ,3, & 5 below) |
|---|

### 1) Satisfaction of Buildout/Coverage Requirements (Market based services only)

|  |
|--|
| <input type="checkbox"/> 1st buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 2nd buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 3rd buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 4th buildout/coverage requirements for the referenced system have been met. |
|--|

### 2) Satisfaction of Construction Requirements (Site-licensed services only)

|  |
|--|
| <input checked="" type="checkbox"/> Construction requirements for the referenced system have been met. (List, as applicable, call signs, locations, frequencies, etc., in Section 2) |
|--|

### 3) Request for Regular Authorization for Facilities Operating under Development Authority (Paging services only)

|   |
|---|
| <input type="checkbox"/> Notification to request regular authorization for facilities previously operating under developmental authority. (List, as applicable, call signs, locations, frequencies, etc., in Section 2) |
|---|

### 4) Extended Implementation (Slow Growth) (Land Mobile services only)

G Notification of compliance with yearly station construction commitments for licensees with approved extended implementation plans. (List call signs in 2a)  
H Final notification that construction requirements have been met for the referenced system with approved extension implementation plan. (List, as applicable, call signs, locations, frequencies, etc., in Section 2)

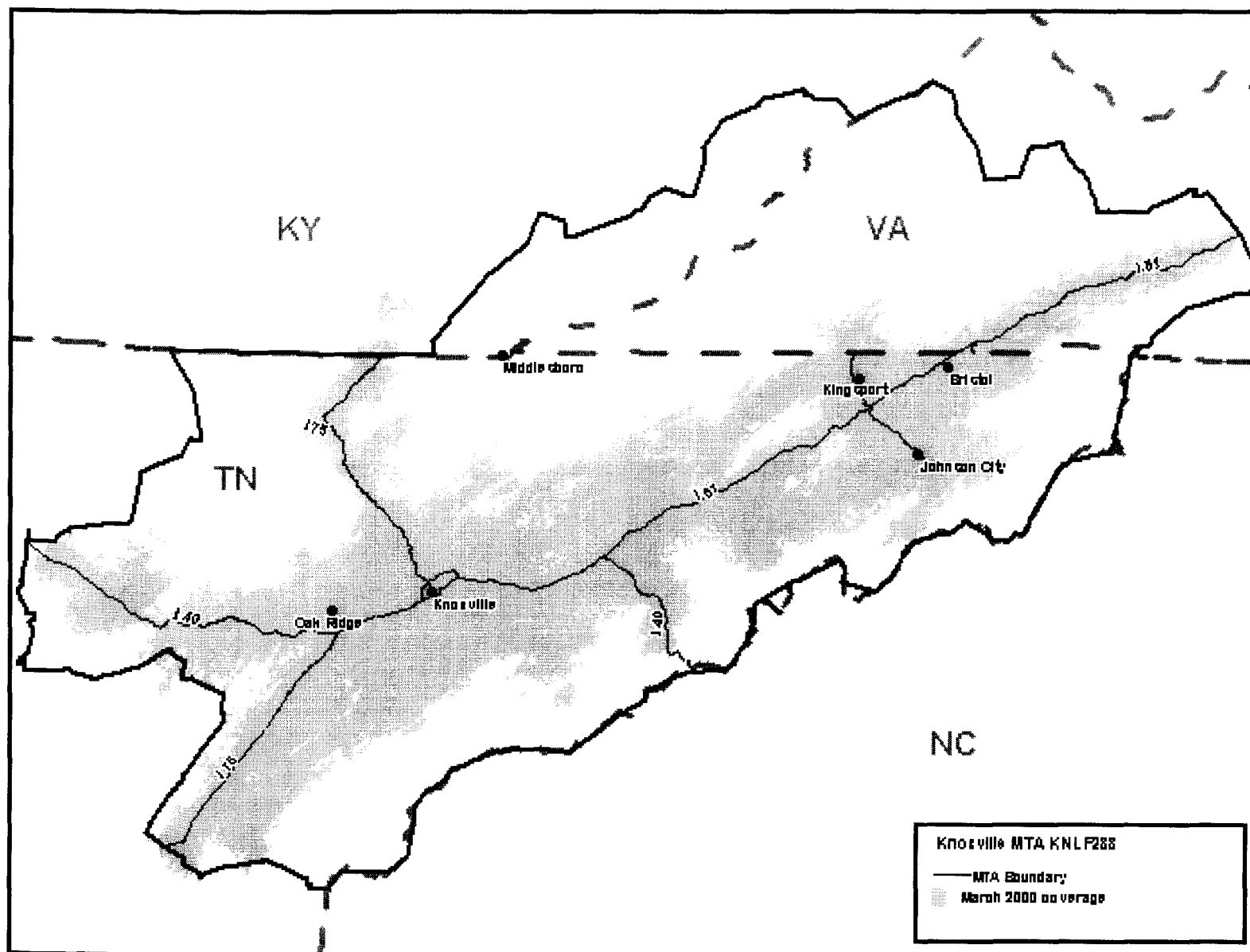
### 5) Call Signs/Locations/Frequencies

| 5a) Call Sign | 5b) Location Number | 5c) Path Number<br>(Microwave only) | 5d) Center or Lower<br>Frequency (MHz) | 5e) Upper Frequency<br>(MHz) | 5f) Number of Operational<br>Mobiles (see instructions) |
|---------------|---------------------|-------------------------------------|--|------------------------------|---|
| KNLF288       |                     |                                     |  |                              |   |

### Attachment List

| Attachment Type | Date     | Description  | Contents       |
|-----------------|----------|--|----------------|
| Other           | 06/28/00 | Exhibit II - Map   | 17573951.0.pdf |
| Other           | 06/30/00 | Exhibit I - Notification of Satisfaction of Five-Year Constr | 17574580.0.pdf |

**BellSouth Personal Communications, Inc.**  
**Service Area/March 2000 Coverage (Knoxville MTA KNL288)**



NOTIFICATION OF SATISFACTION OF  
FIVE-YEAR CONSTRUCTION BENCHMARK

BellSouth Personal Communications Services, Inc. ("Notifier"), hereby notifies the Commission of the satisfaction of the five-year construction benchmark to its existing broadband Personal Communications Services system on the Block B frequencies in the Knoxville, TN MTA, Market No. M044B, Station KNLF288. Pursuant to Section 24.203 of the Commission's rules, licensees must demonstrate that they serve the market with a signal level sufficient to provide adequate service to at least one-third of the population in their licensed area within five years of being licensed.

Specifically, Notifier has established coverage to serve 15,282 square miles and 59.9% of the United States population in this market based on the 1990 census. Notifier submits the attached map of the Knoxville, TN MTA indicating the areas in which it provides reliable service. In demonstrating compliance with construction and coverage requirements, Notifier has taken into account the technology employed and other relevant factors, to determine a minimum field strength of -91dBm for reliable service in the PCS system.<sup>1</sup> The area of coverage was calculated using the Mobile System International PlaNet Engineering Software, Version 2.8, which implements the COST-231 propagation model defined in the European Telecommunications Standards Institute (ETSI) specifications.

Notifier will provide any further information upon request.

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<sup>1</sup> See Amendment of the Commission's Rules to Establish New Personal Communications Service *Second Report and Order*, 8 F.C.C.R. 770, para. 177, n.130 (1993).



|                                    |   |  |
|------------------------------------|---|--|
| <b>FCC 601</b><br><b>Main Form</b> | <b>FCC Application for Wireless<br/>Telecommunications Bureau<br/>Radio Service Authorization</b> | Approved by OMB<br>3060 - 0798<br>See instructions for<br>public burden estimate |
|                                    |   | Submitted 06/30/2000<br>at 05:18PM<br><br>File Number:<br><b>0000180498</b>      |

|   |                                  |
|---|----------------------------------|
| 1) Radio Service Code: CW   | 1a) Existing Radio Service Code: |
| 2) Application Purpose: <b>Required Notification</b>  |                                  |
| 3a) If this request is for a Developmental License, Demonstration License, or a Special Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter N (Not Applicable).   | ( ) D M S N/A                    |
| 3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.   | ( ) Yes No                       |
| 4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.  | File Number:                     |
| 5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.  | Call Sign:                       |
| 6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).   |                                  |
| 7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929) | ( ) Yes No                       |
| 8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.  | ( ) Yes No                       |
| 8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.   |                                  |
| 8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, functionally integrated with an existing station?  | ( ) Yes No                       |
| 9) Are attachments being filed with this application?   | ( ) Yes No                       |

### Applicant Information

|   |                |  |
|---|----------------|--|
| 10a) Taxpayer Identification Number: L00000368                              | 10b) SGIN: 000 | 10c) FCC Registration Number (FRN):                        |
| 11) Licensee is a(n):   |                |  |
| 12) First Name (if individual):   | MI:            | Last Name: Suffix:   |
| 13) Entity Name (if other than individual): BellSouth Carolinas PCS, L.L.C. |                |  |
| 14) Name of Real Party in Interest of Applicant:                            |                |  |
| 15) Taxpayer Identification Number:   |                |  |
| 16) Attention To:   |                |  |
| 17) P.O. Box:   | And/Or         | 18) Street Address: 1100 Peachtree Street, N.E., Suite 809 |
| 19) City: ATLANTA   | 20) State: GA  | 21) Zip: 30309-4599  |
| 22) Telephone Number:   |                | 23) FAX:   |
| 24) E-Mail Address:   |                |  |

### Contact Information (If different than applicant)

|                       |            |                     |          |
|-----------------------|------------|---------------------|----------|
| 25) First Name:       | MI:        | Last Name:          | Suffix:  |
| 26) Entity Name:      |            |                     |          |
| 27) P.O. Box:         | And/Or     | 28) Street Address: |          |
| 29) City:             | 30) State: | 31) Zip:            |          |
| 32) Telephone Number: |            |                     | 33) FAX: |
| 34) E-Mail Address:   |            |                     |          |

## Regulatory Status

|  |   |
|--|---|
| 35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply): | <input type="checkbox"/> Common Carrier<br><input type="checkbox"/> Non-Common Carrier<br><input type="checkbox"/> Private, internal communications<br><input type="checkbox"/> Broadcast Services<br><input type="checkbox"/> Band Manager |
|--|---|

## Type of Radio Service

|  |  |
|--|--|
| 36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply): | <input type="checkbox"/> Fixed<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Radiolocation<br><input type="checkbox"/> Satellite (sound)<br><input type="checkbox"/> Broadcast Services |
| 37) Interconnected Service? ( ) Yes No   |  |

## Fee Status

|  |            |
|--|------------|
| 38) Is the Applicant exempt from FCC application fees? | (N) Yes No |
| 39) Is the Applicant exempt from FCC regulatory fees?  | (N) Yes No |

## Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

|   |   |
|---|---|
| 40) Is the applicant a foreign government or the representative of any foreign government?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 41) Is the applicant an alien or the representative of an alien?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 42) Is the applicant a corporation organized under the laws of any foreign government?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

|   |   |
|---|---|
| 45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## 49) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

|            |                                   |                         |                            |  |        |
|------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race:      | American Indian or Alaska Native: | Asian:                  | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino:               | Not Hispanic or Latino: |                            |  |        |
| Gender:    | Female:                           | Male:                   |                            |  |        |

## General Certification Statements

- 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*  
\*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.
- 5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

## Signature

|  |     |                             |                           |
|--|-----|-----------------------------|---------------------------|
| 50) Typed or Printed Name of Party Authorized to Sign  |     |                             |                           |
| First Name: <b>C. Claiborne</b>  | MI: | Last Name: <b>Barksdale</b> | Suffix: <b>Esq</b>        |
| 51) Title: <b>Assistant Secretary</b>  |     |                             |                           |
| Signature: <b>C. Claiborne Barksdale Esq</b>   |     |                             | 52) Date: <b>06/30/00</b> |
| Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid  |     |                             |                           |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503). |     |                             |                           |

|                               |  |  |
|-------------------------------|--|--|
| <b>FCC 601<br/>Schedule K</b> | <b>Schedule for<br/>Required Notifications for Wireless Services</b> | Approved by OMB<br>3060 - 0798<br>See instructions for<br>public burden estimate |
|-------------------------------|--|--|

## Purpose

|   |
|---|
| The purpose of this submission: <b>1</b> (See Sections 1,2 ,3, & 5 below) |
|---|

### 1) Satisfaction of Buildout/Coverage Requirements (Market based services only)

|  |
|--|
| <input type="checkbox"/> 1 1st buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 2 2nd buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 3 3rd buildout/coverage requirements for the referenced system have been met.<br><input type="checkbox"/> 4 4th buildout/coverage requirements for the referenced system have been met. |
|--|

### 2) Satisfaction of Construction Requirements (Site-licensed services only)

|  |
|--|
| <input checked="" type="checkbox"/> Construction requirements for the referenced system have been met. (List, as applicable, call signs, locations, frequencies, etc., in Section 2) |
|--|

### 3) Request for Regular Authorization for Facilities Operating under Development Authority (Paging services only)

|  |
|--|
| <input checked="" type="checkbox"/> Notification to request regular authorization for facilities previously operating under developmental authority. (List, as applicable, call signs, locations, frequencies, etc., in Section 2) |
|--|

### 4) Extended Implementation (Slow Growth) (Land Mobile services only)

G Notification of compliance with yearly station construction commitments for licensees with approved extended implementation plans. (List call signs in 2a)  
H Final notification that construction requirements have been met for the referenced system with approved extension implementation plan. (List, as applicable, call signs, locations, frequencies, etc., in Section 2)

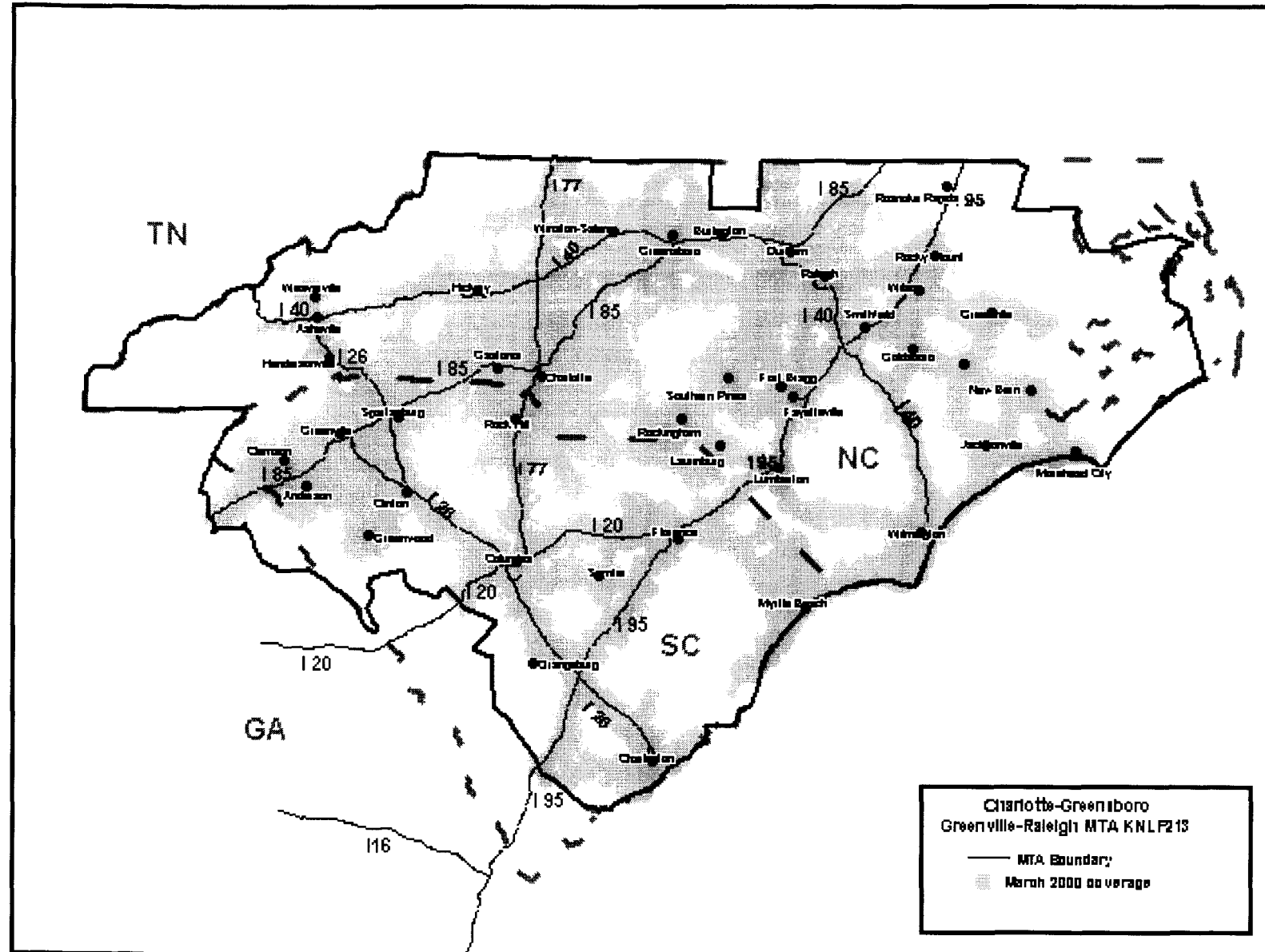
### 5) Call Signs/Locations/Frequencies

| 5a) Call Sign | 5b) Location Number | 5c) Path Number<br>(Microwave only) | 5d) Center or Lower<br>Frequency (MHz) | 5e) Upper Frequency<br>(MHz) | 5f) Number of Operational<br>Mobiles (see instructions) |
|---------------|---------------------|-------------------------------------|--|------------------------------|---|
| KNLF213       |                     |                                     |  |                              |   |

### Attachment List

| Attachment Type | Date     | Description  | Contents       |
|-----------------|----------|--|----------------|
| Other           | 06/28/00 | Exhibit II - Map   | 17573954.0.pdf |
| Other           | 06/30/00 | Exhibit I - Notification of Satisfaction of Five-Year Constr | 17574578.0.pdf |

**BellSouth Carolinas PCS, LLC Service Area/March 2000 Coverage**  
**Charlotte-Greensboro-Greenville-Raleigh MTA KNLF213**



NOTIFICATION OF SATISFACTION OF  
FIVE-YEAR CONSTRUCTION BENCHMARK

BellSouth Carolinas PCS, LLC ("Notifier"), hereby notifies the Commission of the satisfaction of the five-year construction benchmark to its existing broadband Personal Communications Services system on the Block B frequencies in the Charlotte-Greensboro-Greenville-Raleigh, SC/NC MTA, Market No. M006B, Station KNLF213. Pursuant to Section 24.203 of the Commission's rules, licensees must demonstrate that they serve the market with a signal level sufficient to provide adequate service to at least one-third of the population in their licensed area within five years of being licensed.

Specifically, Notifier has established coverage to serve 76,399 square miles and 76.6% of the United States population in this market based on the 1990 census. Notifier submits the attached map of the Charlotte-Greensboro-Greenville-Raleigh, SC/NC MTA indicating the areas in which it provides reliable service. In demonstrating compliance with construction and coverage requirements, Notifier has taken into account the technology employed and other relevant factors, to determine a minimum field strength of -91dBm for reliable service in the PCS system.<sup>1</sup> The area of coverage was calculated using the Mobile System International PlaNet Engineering Software, Version 2.8, which implements the COST-231 propagation model defined in the European Telecommunications Standards Institute (ETSI) specifications.

Notifier will provide any further information upon request.

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<sup>1</sup> See Amendment of the Commission's Rules to Establish New Personal Communications Service *Second Report and Order*, 8 F.C.C.R. 770, para. 177, n.130 (1993).